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 At this time it is the position of the AOS that practices **limit their ambulatory visits to such patients who are urgent only and cancel all elective surgical procedures.** Many locations are enacting these restrictions for the next two weeks.

 AOS is sensitive to the economic impact on patients and practices from these measures. However, the alternative is the perpetuation of the pandemic with risk to the health of our patients. We are advocating for increased support for our practices during this time.

 Please also consider contacting your local hospital for PPE donations!

Impact of COVID-19 on Ophthalmology Practice

Recommendations:

**Urgent-Only Schedules**

Donate Your PPEs!

**President**

Jordana M Smith MD

**President-Elect**

Mark Kwong MD

**Secretary/Treasurer**

Derek Kunimoto MD

**Executive Director**

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 Governor Ducey declared a [state of emergency](https://azgovernor.gov/governor/news/2020/03/governor-ducey-statement-national-emergency-declaration#https://azgovernor.gov/governor/news/2020/03/governor-ducey-statement-national-emergency-declaration) this past week secondary to the COVID-19 disease. The Arizona Ophthalmological Society is working with the American Academy of Ophthalmology and local officials to keep you up to date as the situation evolves. Please bookmark the AOS website above which we will keep updated with links to the [Arizona Health Department](https://www.azdhs.gov/#https://www.azdhs.gov/), the AAO, and additional important links that can help your practice during this pandemic.

 In the following pages we will outline recommendations for telemedicine protocols and social distancing in your practice.

 Up to date guidelines and information can be found at:

<https://www.aao.org/headline/alert-important-coronavirus-context>

**Outpatient Surgical AAO Recommendations:**

Barring special extenuating circumstances for the patient or physician, the Academy recommends **postponing all elective surgery until at least April 6**, with the understanding that this recommendation may be extended depending on public health conditions. This recommendation is consistent with those of the American College of Surgeons, the U.S. Surgeon General and many other organizations. As noted above, the primary purposes are to reduce the risks of disease transmission and to help conserve scarce resources. The definition of “elective” is up to the ophthalmologist but in general should be defined as anything that can be postponed for 2 months without substantive risk to the patient’s vision, material functioning or general health.

**Cleaning & Environmental Health Recommendations:**

## Environmental cleaning and disinfection recommendations

Rooms and instruments should be thoroughly disinfected after each patient encounter. Wear disposable gloves when cleaning and disinfecting surfaces. Slit lamps, including controls and [accompanying breath shields](https://urldefense.proofpoint.com/v2/url?u=https-3A__chinrestpapersource.com_oem-2Dproducts_slit-2Dlamp-2Dbreath-2Dshields&d=DwMFaQ&c=UXmaowRpu5bLSLEQRunJ2z-YIUZuUoa9Rw_x449Hd_Y&r=zHfqzfuCyTqRjC3r294gNRBfCettIRvfkBwNWuFjeJw&m=A2NIM4_3ZMLEp3jlmvviV4NKHOIpGJqBOkUcDZ5_X6c&s=SBi2jmpeGcuZ4W1MNm0-_tHopxmlzIZItJ-KAbEe7do&e=), should be disinfected, particularly wherever patients put their hands and face. The [current CDC recommendations for disinfectants](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cdc.gov_coronavirus_2019-2Dncov_community_home_cleaning-2Ddisinfection.html&d=DwMFaQ&c=UXmaowRpu5bLSLEQRunJ2z-YIUZuUoa9Rw_x449Hd_Y&r=zHfqzfuCyTqRjC3r294gNRBfCettIRvfkBwNWuFjeJw&m=A2NIM4_3ZMLEp3jlmvviV4NKHOIpGJqBOkUcDZ5_X6c&s=6Xo9zc-D1dtoEohcTzkP6tkx8HElvwQSdk-QBvWfgT8&e=) specific to COVID-19 include:

* Diluted household bleach (5 tablespoons bleach per gallon of water)
* Alcohol solutions with at least 70% alcohol.
* Common [EPA-registered household disinfectants](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) currently recommended for use against SARS-CoV-2 include Clorox brand products (e.g., disinfecting wipes, multi-surface cleaner + bleach, clean up cleaner + bleach), Lysol brand products (e.g., professional disinfectant spray, clean and fresh multi-surface cleaner, disinfectant max cover mist), Purell professional surface disinfectant wipes and more. The EPA offers [a full list of antimicrobial products](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) expected to be effective against COVID-19 based on data for similar viruses.

The virus causing COVID-19 is an enveloped virus rather than an adenovirus, the latter is much more resistant to alcohol. If a tonometer tip is cleaned with alcohol and allowed to dry in room air, 70% alcohol solutions should be effective at disinfecting tonometer tips from SARS-CoV-2. However, alcohol will not effectively sterilize the tip against adenoviruses. Use single-use, disposable tonometer tips if available. Tips cleaned with [diluted bleach remain a safe and acceptable practice](https://www.aaojournal.org/article/S0161-6420%2817%2931677-9/fulltext).

**New AAO Guidelines as of March 18th, AM**

|  |  |
| --- | --- |
| Clinical Situation | ****Patient Management / Precautions**** |
| 1. Routine or urgent ophthalmology appointment, patient has no respiratory illness symptoms, no fever, and no COVID-19 risk factors | * Standard precautions\* only.
* Added precaution of not speaking during slit lamp biomicroscopic examinations is appropriate.
* Mask, gown, gloves are not routinely required for patient or clinician.
* Consideration should be made to postponing routine ophthalmic care.
 |
| 2. Non-urgent ophthalmic problem in a patient with respiratory illness symptoms, but no fever or other risk factors for COVID-19 | * With telephone contact before appointment, request that patient not come to clinic and reschedule appointment.
* For patients who present to clinic, ask the patient to return home and reschedule appointment.
 |
| 3. Urgent ophthalmic problem in a patient with respiratory illness symptoms, but no fever or other COVID-19 risk factor | * The patient can be seen in the eye clinic.
* The patient should be placed in an examination lane immediately and asked to wear a surgical mask. The treating ophthalmologist and health care personnel require surgical masks.
* Gowns, gloves and eye protection are recommended.† An N95 mask should be worn if a procedure is planned that will result in aerosolized virus.
* The examining room must be cleaned after examination.
 |
| 4. Any patient at high risk for COVID-19 | * The patient should be sent to the ER or other hospital-based facility equipped to evaluate for, and manage, COVID-19.
* If the patient has an urgent eye problem based on screening questions, the facility should be one that is equipped to provide eye care in the hospital setting.
* If SARS-CoV-2 infection is confirmed, CDC (or hospital) guidelines for care of suspected COVID-19 patients should be followed for [health care facility preparation](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html) and [infection control](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html).
* Eye care should be provided in the hospital setting. Transmission precautions‡ for treating ophthalmologists include wearing a surgical mask, gown, and eye protection (face shield or goggles).
 |
| 5. Patient with documented COVID-19 (or person under investigation [PUI]) who is referred for evaluation and management of an eye problem | * The patient should remain in the hospital setting.
* Determine whether the eye problem is urgent based on screening questions, and if so, evaluation and management should be in the hospital setting.
* If the patient is not hospitalized at the time of referral, the patient should be referred to the ER or other hospital-based facility equipped to manage both COVID-19 and eye care.
* CDC or hospital guidelines should be followed for care of COVID-19 patients.
* Transmission precautions† for treating ophthalmologists include wearing an N95 mask, gown, and eye protection (face shield or goggles).
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AAO GUIDELINES FOR CLINICAL TRIAGE

Additional information can be found on the CMS website:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

There are THREE options for telehealth & other communication-based service:

* **1.** **Telephone Calls**

|  |  |  |
| --- | --- | --- |
| Code | Value | Description |
| HCPCS code G2012 | $14.81Medicare Part B.Coverage varies per commercial plan | Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussionUsed for an established patient who calls and speaks to an ophthalmologist or optometrist. A decision might be made to prescribe warm compresses for a chalazion, counsel about blepharitis, refill a prescription etc. It can only be billed if it does not relate to a visit in the past 7 days and does not lead to a visit within 24 hours. Documentation requirements as below. |

   Documentation Requirements for HCPCS code G2012: Verbal consent of the patient must be documented

* Confirm patient identity (e.g., name, date of birth or other identifying information as needed, in particular if documenting independently from the patient’s electronic or paper record).
* Confirm that the patient is an established patient to the practice
* Detail what occurred during the communication (e.g., patient problem(s), details of the encounter as warranted) to establish medical necessity
* Document the total amount of time spent in communicating with the patient and only submit code G2012 if a minimum of five minutes of direct communication with the patient was achieved.
* Document that the nature of the call was not tied to a face-to-face office visit or procedure that occurred within the past seven days
* Document that a subsequent office visit for the patient’s problems were not indicated within 24 hours or the next available appointment
* Include that the patient provided consent for the service

**Transition to Telemedicine**

**Adapted from the PAO and CMS Fact Sheets**

**Phone calls with MDs, DOs, ODs**

|  |  |  |
| --- | --- | --- |
| Code | Value | Description |
| 99441 | Non-covered Medicare services.Coverage varies per commercial plan | Telephone evaluation and management service by a physician may report E/M services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion |
| 99442 |  | 11-20 minutes of medical discussion |
| 99443 |  | 21-30 minutes of medical discussion |

Please note that above codes are not covered by Medicare but may be covered by Private plans. Instead, use G2012 to report a telephone call with a physician or optometrist of 5-10 minutes

**Phone calls with PAs or NPs**

|  |  |  |
| --- | --- | --- |
| Code | Value | Description |
| 98966 | Non-covered Medicare services.Coverage varies per commercial plan | Telephone assessment and management service provided by a qualified nonphysician, heath care professional to an established patient, parent, or management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion |
| 98967 |  | 11-20 minutes of medical discussion |
| 98968 |  | 21-30 minutes of medical discussion |

* Initiated by established patients
* If the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appoint, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent assessment and management service, procedure and visit.
* Likewise, if the call refers to a service performed and reported within the previous seven days or within the postoperative period of the previous completed procedure, then the service is considered part of the previous service or procedure.

**2.** **Internet Consultations**

* Initiated by established patients
* Covers 7 days
* Not to be used for
	+ Scheduling appointments
	+ Conveying test results
* ·         Must be through HIPAA compliant secure platforms such as
	+ EHR portals
	+ Secure email, etc.

**Internet Consultations with Physicians**

**New codes in 2020**

|  |  |  |
| --- | --- | --- |
| Code | Value | Description |
| 99421 | $15.52 | Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min |
| 99422 | $31.04 | 11-20 minutes |
| 99423 | $50.16 | 21 or more minutes |

Initiated by the patient. Internet based (secure email or portal) This is entirely based on time spent with patient which should be documented. Advise Documentation Requirements for HCPCS code G2012 as in G2012 code.

**Internet Consultations with Non- Physicians such as Physician Assistants and Nurse Practitioners**

|  |  |  |
| --- | --- | --- |
| Codes | Value | Description |
| 98970 | $0 | Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min |
| 98971 | $0 | 11-20 minutes |
| 98972 | $0 | 21 or more minutes |

Not covered by Medicare but may be covered by private payers

**3.** **Telemedicine Exams**

•       Telemedicine is defined by a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician.

•       The examination and communication of information exchange between the physician and the patient must be the same as when rendered face-to-face.

•       Code level selection is based on same criteria for the base codes

•       Telemedicine codes are identified by a star (**\***) in your CPT book

o    Office based

•       99201 – 99205 E/M new patient

•       99212 – 99215 E/M established patient

•       Does not apply to tech code 99211 or Eye visit codes

o    Office consultations

•       For insurances that still recognize this family of codes:       99241 – 99245

o    Subsequent Hospital Care: 99231 – 99233

o    Inpatient Consultation: 99251 – 99255

o    Subsequent Nursing Facility Care

* 99307-99310
* Append modifier -95 Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications systems.

**Guidance from Independence Blue Cross**: Professional providers performing telemedicine services must report the appropriate modifier (Modifier GT or 95) and place-of-service (POS) code 02 (Telehealth) to ensure payment of eligible telemedicine services.

Typically these codes are allowed only in counties outside a Metropolitan Statistical Area (MSA) or in a rural Health Professional Shortage Area (HPSA) in a rural census tract. **We have been told that CMS plans to waive these requirements during the COVID-19 Pandemic. This was just announced by President Trump, and notification is felt to be imminent.**

[**https://data.hrsa.gov/tools/shortage-area/hpsa-find**](https://www.paeyemds.org/EmailTracker/LinkTracker.ashx?linkAndRecipientCode=c8%2bM7%2f5ilR0%2fdD8QiTn%2bahpmsbY2WGzDIFbvyVvmS8d8%2bMFq3KnjZzWJXyacmFF9uk7euZcX6A5BFIfX3Kn3I6mVzu3y%2f9GTEt7IA%2fQgVso%3d)

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Per CMS “You must use an interactive audio and video telecommunication system that permits real-time communication between you at the distant site and the beneficiary at the originating site” Transmitting information that is reviewed later is not allowed.

Source:  [https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf](https://www.paeyemds.org/EmailTracker/LinkTracker.ashx?linkAndRecipientCode=Wyowm3J2S230s87orK3c%2bMSJBn2aBAEfLt1is6g4DRgDx1jxc9049ibTudX9mlaxwTR7Bw913%2f2dSo9Cq8pt5HdQTDsElJEEVdNimfcZXc4%3d)

These codes for consultative service requested by another provider were not covered in the AAO document above:

Reimbursement for Inter-professional Internet Consultation

CPT Codes 99446-99449, 99451, and 99452

Assessment and Management codes conducted through telephone, internet, or electronic health record consultations furnished when a patient’s treating physician or other qualified healthcare professional requests the opinion and/or treatment advice of a consulting physician with specific specialty expertise to assist with the diagnosis and/or management of the patient’s problem without the need for the patient’s face-to-face contact with the consulting physician or qualified healthcare professional.

**CPT 99446**: Interprofessional telephone/Internet electronic health record assessment and management service provided by a consultative physician including a **verbal** and **written** report to the patient's treating/requesting physician or other qualified health care professional; **5-10 minutes** of medical consultative discussion and review

**CPT 99447**: Same as 99446, but **11-20 minutes** of medical consultative discussion and review

**CPT 99448**: Same as 99446, but **21-30 minutes** of medical consultative discussion and review

**CPT 99449**: Same as 99446, but **31 minutes or more** of medical consultative discussion and review

The codes above require a consultation from another qualified provider and both written and oral report

**CPT 99451**: Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient’s treating/requesting physician or other qualified health care professional, **5 or more minutes** of medical consultative time

CPT 99541 requires a consultation from another qualified provider but only a written report

**CPT 99452**: Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, **30 minutes** (Note this is for the consulting physician to bill)

Please note that verbal consent must be documented in the patient’s chart for all of these codes

**HCPCS Code G2010** Remote Evaluation of Images

**HCPCS G2010**: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation **with follow-up with the patient within 24 business hours**, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

This is ideally suited to ophthalmology after a patient submits an image to be reviewed. It cannot be billed if it is incident to a visit in the previous 7 days or leads to an appointment within 24 hours or soonest available appointment.

These visits require the same documentation as for in office E&M visits. These visits should document the same information as your EHR or paper templates that you are currently using. It is assumed technicians could be used remotely similarly to how they are utilized in the office, but there is no guidance on this.

Per CMS “You must use an interactive audio and video telecommunication system that permits real-time communication between you at the distant site and the beneficiary at the originating site” Transmitting information that is reviewed later is not allowed.

Source:  [https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf](https://www.paeyemds.org/EmailTracker/LinkTracker.ashx?linkAndRecipientCode=Wyowm3J2S230s87orK3c%2bMSJBn2aBAEfLt1is6g4DRgDx1jxc9049ibTudX9mlaxwTR7Bw913%2f2dSo9Cq8pt5HdQTDsElJEEVdNimfcZXc4%3d)

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